SERFF Tracking #: MEAM-132261842 State Tracking #:

Company Tracking #: DC/PRINCIPAL - RESCISSION, LAPSE/REPLACE...

State: District of Columbia Filing Company: Principal Life Insurance Company

TOI/Sub-TOI: LTC06 Long Term Care - Other/LTC06.000 Long Term Care - Other

Product Name: DC/Principal - Rescission, Lapse/Replacement, Claim Denial and Suitability Reports

Project Name/Number: DC/Principal - Rescission, Lapse/Replacement, Claim Denial and Suitability Reports/DC/Principal - Rescission,

Lapse/Replacement, Claim Denial and Suitability Reports

Filing at a Glance

Company: Principal Life Insurance Company

Product Name: DC/Principal - Rescission, Lapse/Replacement, Claim Denial and Suitability Reports

State: District of Columbia

TOI: LTC06 Long Term Care - Other Sub-TOI: LTC06.000 Long Term Care - Other

Filing Type: Form

Date Submitted: 02/13/2020

SERFF Tr Num: MEAM-132261842 SERFF Status: Submitted to State

State Tr Num:

State Status:

Co Tr Num: DC/PRINCIPAL - RESCISSION, LAPSE/REPLACEMENT, CLAIM DENIAL AND SUITABILITY

REPORTS

Implementation

Date Requested:

Author(s): Lisa Culhane

Reviewer(s):

Disposition Date:
Disposition Status:
Implementation Date:

SERFF Tracking #: MEAM-132261842 State Tracking #:

Company Tracking #: DC/PRINCIPAL - RESCISSION, LAPSE/REPLACE...

State: District of Columbia Filing Company: Principal Life Insurance Company

TOI/Sub-TOI: LTC06 Long Term Care - Other/LTC06.000 Long Term Care - Other

Product Name: DC/Principal - Rescission, Lapse/Replacement, Claim Denial and Suitability Reports

Project Name/Number: DC/Principal - Rescission, Lapse/Replacement, Claim Denial and Suitability Reports/DC/Principal - Rescission,

Lapse/Replacement, Claim Denial and Suitability Reports

General Information

Project Name: DC/Principal - Rescission, Lapse/Replacement, Status of Filing in Domicile:

Claim Denial and Suitability Reports

Project Number: DC/Principal - Rescission, Date Approved in Domicile:

Lapse/Replacement, Claim Denial and Suitability Reports

Requested Filing Mode: Informational Domicile Status Comments: Explanation for Combination/Other: Market Type: Individual Submission Type: New Submission Individual Market Type:

Overall Rate Impact: Filing Status Changed: 02/13/2020

State Status Changed:

Deemer Date: Created By: Lisa Culhane

Submitted By: Lisa Culhane Corresponding Filing Tracking Number:

Filing Description:

2019 Annual LTC Reporting: Rescission, Lapse and Replacement, Suitability and Denied Claims Report

Company and Contact

Filing Contact Information

Lisa Culhane, LTC Compliance Analyst lisa.culhane@medamericaltc.com

165 Court Street 585-327-6550 [Phone] Rochester , NY 14647 585-238-3642 [FAX]

Filing Company Information

Principal Life Insurance Company CoCode: 61271 State of Domicile: Iowa

165 Court Street Group Code: 332 Company Type: Rochester, NY 14647 Group Name: State ID Number:

(800) 544-0327 ext. [Phone] FEIN Number: 42-0127290

Filing Fees

Fee Required? No Retaliatory? No

Fee Explanation:

SERFF Tracking #: MEAM-132261842 State Tracking #: Company Tracking #: DC/PRINCIPAL - RESCISSION,
LAPSE/REPLACE...

 State:
 District of Columbia
 Filing Company:
 Principal Life Insurance Company

TOI/Sub-TOI: LTC06 Long Term Care - Other/LTC06.000 Long Term Care - Other

Product Name: DC/Principal - Rescission, Lapse/Replacement, Claim Denial and Suitability Reports

Project Name/Number: DC/Principal - Rescission, Lapse/Replacement, Claim Denial and Suitability Reports/DC/Principal - Rescission, Lapse/Replacement, Claim Denial and Suitability

Reports

Supporting Document Schedules

Satisfied - Item:	Lapse/Replacement Report
Comments:	
Attachment(s):	DC_61271_rep_lapse_2019_119.pdf
Item Status:	
Status Date:	
Satisfied - Item:	Denied Claims Report
Comments:	
Attachment(s):	DC_61271_denied_2019_119_I.pdf
Item Status:	
Status Date:	
Satisfied - Item:	Suitability Report
Comments:	y = 1 = -
Attachment(s):	DC_61271_suit_2019_119.pdf
Item Status:	
Status Date:	
Satisfied - Item:	Rescission Report
Comments:	Tessission report
••••••	
Attachment(s):	DC 61271 resc 2019 119 1.pdf
Attachment(s): Item Status:	DC_61271_resc_2019_119_1.pdf

Long-Term Care Insurance Replacement and Lapse Reporting Form

For The State Of DISTRICT OF COLUMBIA

For The Reporting Year 2019

Company Name:	Principal Life Insurance Company	
Address:	Administrative Office: 165 COURT STREET	
	ROCHESTER,NY 14647	
NAIC Number:	61271	
Contact Person:	Angela L. Shire, Esq.	
Phone Number:	1-800-947-3402	

<u>Instructions:</u> The purpose of this form is to report, on a statewide basis, information regarding long-term care insurance policy replacement and lapses. Specifically, every insurer shall maintain records for each agent on that agent's amount of long-term care insurance replacement sales as a percent of the agent's total annual sales and the amount of lapses of long-term care insurance policies sold by the agent as a percent of the agent's total annual sales. The tables below should be used to report the ten percent (10%) of the insurer's agents with the greatest percentages of replacement and lapses.

Listing of the 10% of Agents with the Greatest Percentage of Replacements

Agent's Name	Number of	Number of Policies	Number of Replacements As % of
	Policies Sold By	Replaced By This	Number Sold By This Agent
	This Agent	Agent	

Listing of the 10% of Agents with the Greatest Percentage of Lapses

Agent's Name	Number of	Number of Policies	Number of Lapses As % of Number
	Policies Sold By	Lapsed By This	Sold By This Agent
	This Agent	Agent	

Company Totals:

Percentage of Replacement Policies Sold to Annual Sales	N/A
Percentage of Replacement Policies Sold to Policies In Force (as of the end of the	N/A
preceding calendar year)	
Percentage of Lapsed Policies Sold to Annual Sales	N/A
Percentage of Lapsed Policies Sold to Policies In Force(as of the end of the	<1%
preceding calendar year)	

Long-Term Care Insurance Claims Denial Reporting Form

For The State Of DISTRICT OF COLUMBIA For the Reporting Year of 2019

		*** ;
Address:	Administrative Office: 165 CC	URT STREET
	ROCHESTER, NY 14647	
NAIC Number:	61271	
Contact Person:	Angela L. Shire, Esq.	Phone Number: 1-800-947-3402
Line of Business	Individual	
Instructions:		
The purpose of the	his form is to report all long-terr	n denials under in force long-term care policies or
insurance policie	s.	
Indicate the man	ner of reporting by checking on	e of the boxes below:
	aimant – counts each individual	who makes one or a series of claim requests
Fel III	ansaction – counts each claim p	ayınıcını requesi

Company Name: Principal Life Insurance Company

"Denied" means a claim that is not paid for any reason other than for claims not paid for failure to meet the waiting period or because of an applicable preexisting condition. <u>It does not include a request for</u> <u>payment that is in excess of the applicable contractual limits.</u>

Info	orce Data	State Data	Nationwide Data
	Total Number of Inforce Policies as of December 31st	4	2319
Clai	ms and Denial Data	State Data	Nationwide Data
1	Total Number of Long-Term Care Claims Reported	8	3703
2	Total Number of Long-Term Care Claims Denied/Not Paid	2	67
3	Number of Claims Not Paid due to Preexisting Condition Exclusion	0	0
4	Number of Claims Not Paid due to Waiting (Elimination) Period Not	2	40
	Met		
5	Net Number of Long-Term Care Claims Denied For Reporting	0	27
	Purposes (Line 2 Minus Line 3 Minus Line 4)		
6	Percentage of Long-Term Care Claims Denied of Those Reported	0%	<1%
	(Line 5 Divided By Line 1)		
7	Number of Long-Term Care Claims Denied due to:		
8	Long-Term Care Services Not Covered Under the Policy	0	0
9	Provider/Facility Not Qualified under the Policy	0	0
10	Benefit Eligibility Criteria Not Met	0	17
11	Other:	0	10
	Duplicate Submission, Discharged from Facility,		
	No Coverage in Policy, Incomplete Claim,		
	Repayment of Overpayment		

Suitability Report for 2019

NAIC Company Code: 61271						
Total Number of Applications Received from Residents of District Of Columbia	0					
Number of Applicants Who Declined to Provide Information on the Personal Worksheet	0					
Number of Applicants Who Did Not Meet the Suitability Standards	0					
Number of Those Who Chose to Confirm After Receiving A Suitability Letter	0					

No new policies were issued; report not applicable

Company Name: Principal Life Insurance Company

Rescission Reporting Form For Long-Term Care Policies

For The State Of DISTRICT OF COLUMBIA

For The Reporting Year 2019

Instructions:

The purpose of this form is to report all rescissions of long-term care insurance policies or certificates. Those rescissions voluntarily effectuated by an insured are not required to be included in this report. Please furnish one form per rescission.

Policy Form #	Policy and	Name of Insured	Date of	Date/s	Date of
	Certificate		Policy	Claim/s	Rescission
			Issuance	Submitted	

Detailed reason for rescission:

No rescissions for this year.

Signature

Angela L. Shire, Esq. V.P. Compliance & Regulatory Affairs

Name and Title

January 08, 2020

Date